

Please fill out this questionnaire and return it to us free of charge until July 15, 2017 using the enclosed reply envelope.

Thank you very much for your cooperation!

Demographics:

Age:	under 20 years	<input type="checkbox"/>	61-70 years	<input type="checkbox"/>
	20-30 years	<input type="checkbox"/>	71-80 years	<input type="checkbox"/>
	31-40 years	<input type="checkbox"/>	81-90 years	<input type="checkbox"/>
	41-50 years	<input type="checkbox"/>	older than 90 years	<input type="checkbox"/>
	51-60 years	<input type="checkbox"/>	no information	<input type="checkbox"/>

Gender:	Female	<input type="checkbox"/>
	Male	<input type="checkbox"/>
	No information	<input type="checkbox"/>

	Yes	No	No information
1. Would you like to be surveyed about your hospital stay by the University Hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If so, what content would you like to be asked about?

- a. about the result of your treatment?
- b. about your satisfaction with the University Hospital?
- c. about both aspects (Treatment result and satisfaction)?

2. **In what form would you like to be surveyed?** via SMS
(Multiple answers are allowed) via app
 via email
 online (internet)
 by letter

3. **Please name 3 topics that you find important in a patient survey:**

- _1. _____
- _2. _____
- _3. _____

4. **And a final question:**

How many questionnaires have you received from the University Hospital in the last 6 months (including this one): _____ Number